

User Identification		
User ID:*	<input type="text"/> ex: <a href="#">yourname.station#@va.gov</a> ie Kathy.Kilgore.200@va.gov	
Password:*	<input type="password"/>	Six characters or more
Confirm Password:*	<input type="password"/>	
Is Logon User	<input type="checkbox"/> Click for yes	
Personal Information.		
First Name/Initial: *	<input type="text"/>	
Middle Name/Initial:	<input type="text"/>	
Family/Last Name: *	<input type="text"/>	
Phone:	<input type="text"/>	
Ext:	<input type="text"/>	
Fax Number:	<input type="text"/>	
Email: *	<input type="text"/>	
Receive Email Notification:	<input checked="" type="checkbox"/>	
Title:	<input type="text"/>	
Agency ID: *	<input type="text" value="3600"/>	<div></div>

Rank ID:	<input type="text"/>	Leave Blank
Routing Symbol:	<input type="text"/>	
Room No:	<input type="text"/>	